

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Victor V. Levenson and Ronald B. Gartenhaus for **Methylation Profile of Cancer**.

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service on this date **October 2, 2003**, in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **EL 992 784 902 US**, addressed to: **Mail Stop Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Susan M. McClintock

1. Type Of Application

This new application is for a(n)

☒ Original (nonprovisional)

2. Papers Enclosed That Are Required For Filing Date Under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153

(Design) Application

83 Pages of Specification

3 Pages of Claims

1 Page of Abstract

8 Sheets of Informal Drawings

3. Declaration

☒ Enclosed

☒ Unexecuted.

4. Inventorship Statement

The inventorship for all the claims in this application is:

☒ the same

5. Language

☒ English

6. Fee Calculation (37 C.F.R. § 1.16)

☒ Regular application

CLAIMS AS FILED

Number Filed	Number Extra	Rate	Basic Fee - \$770.00 (37 C.F.R. § 1.16(a))
Total Claims (37 C.F.R. § 1.16(c))	20 - 20 =	0 × \$18.00 =	\$0.00
Independent Claims (37 C.F.R. § 1.16(b))	3 - 3 =	0 × \$86.00 =	\$0.00
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))	+ \$290.00 =		\$0.00

Filing Fee Calculation \$770.00

7. Small Entity Statement(s)

☒ Verified Statement(s) that this is a filing by a small entity under 37 C.F.R. §§ 1.9 and 1.27.

Filing Fee Calculation (50% of above) \$385.00

Express Mail Label No.: EL 992 784 902 US

Attorney Docket No.: NWestern-08390

8. Fee Payment Being Made At This Time

☒ Enclosed☒ basic filing fee

\$385.00

Total Fees Enclosed**\$385.00**

9. Method of Payment of Fees

☒ Check in the amount of \$385.00


10. Authorization To Charge Additional Fees and Credit Overpayment

☒ The Commissioner is hereby authorized to charge any deficiency in the payment of the required fees, and/or credit any overpayment, to Deposit Account No.: 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.

11. Power of Attorney by Assignee

☒ Enclosed (unexecuted).

12. Return Receipt Postcard

☒ EnclosedDated: October 2, 2003

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608/218-6900☒ Statement Where No Further Pages Added☒ This transmittal ends with this page.